STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
DEC -2 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease: State ☒ Fee ☐

5. State Oil & Gas Lease No. LG-5995

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER-

7. Unit Agreement Name

2. Name of Operator
AMOCO PRODUCTION COMPANY ✓

8. Farm or Lease Name
Lancaster Spring Unit

3. Address of Operator
P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. Well No.
1

4. Location of Well
UNIT LETTER I, 2310 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 22-S RANGE 26-E NMPM.

10. Field and Pool, or Wildcat
Happy Valley Morrow

15. Elevation (Show whether DF, RT, GR, etc.)
3414' GR

12. County
Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER Perf additional pay ☒		OTHER ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to perforate additional Morrow pay as follows:
POH with pkr and tbg. RIH with 4" gun and perf 10728-34, 10776-87, 10858-61, 11053-59, 11243-46. RIH w/ 2 3/8" tbg, shear disc tool, pkr, on-off tool (set pkr at 10,720'). Drop bar and shear disc to flow well. If well does not flow, pump 8000 gals 7½% MS acid w/add. Flush to perfs with 2% KCl water containing 1000 SCF nitrogen. Flow well to evaluate production. Return to production.

O+5 NMOCD-A 1-JRB 1-FJN 1-CMH

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Gary C. Clark TITLE Administrative Analyst DATE 11-25-85

Original Signed By
Leo A. Clements
Supervisor District II

APPROVED BY _____ TITLE SUPERVISOR, DISTRICT II DATE DEC 5 1985

CONDITIONS OF APPROVAL, IF ANY: